

FROM McANDREWS, HELD, & MALLOY

(FRI) 6.30'06 17:38/ST. 17:38/NO. 4861050834 P 1



McANDREWS, HELD & MALLOY  
34TH FLOOR  
500 WEST MADISON STREET  
CHICAGO, ILLINOIS 60661

**RECEIVED**  
**CENTRAL FAX CENTER**

**JUN 30 2006**

**ARO PLEASE DELIVER RETURN RECEIPT TO  
DARLENE LONG**

TELEPHONE: (312) 775-8000

FACSIMILE: (312) 775-8100

## Certificate of Transmission under 37 CFR 1.8

### CONFIDENTIAL

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED BELOW AND, UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THE ENCLOSED MATERIALS IS PROHIBITED. IF YOU RECEIVE THIS TRANSMISSION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AT OUR EXPENSE, AND DESTROY THE ENCLOSED MATERIALS. YOUR COOPERATION IS APPRECIATED.

TO: **Examiner Eugene Yun**  
**Group Art Unit 2682**

FAX NO.: **571 273 8300**

FROM: **Michael T. Cruz**

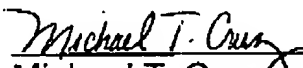
USER ID: **8084**

CLIENT: **1772**

MATTER: **17463US02**

Number of Pages This Transmission (Including Cover Page): **14**

I hereby certify that the attached correspondence, including a PTO transmittal form (1 page), a PTO fee transmittal (1 page, in duplicate), a petition for an extension of time (1 page, in duplicate) and an amendment (8 pages), is being sent via facsimile transmission to the United States Patent and Trademark Office on **June 30, 2006**.

  
Michael T. Cruz  
Reg. No. 44,636

If you have problems receiving this facsimile transmission,  
please contact Darlene Long (**Ext. 8148**) at the above number.

FROM McANDREWS, HELD, & MALLOY

**JUN 30 2006**

(FRI) 6.30'06 17:39/ST. 17:38/NO. 4861050834 P. 3

Approved for use through 07/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL for FY 2006</b>		<b>Complete if Known</b>																																																							
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	03/788,061																																																						
		Filing Date	February 16, 2001																																																						
		First Named Inventor	Theodore Trost																																																						
		Examiner Name	Eugene Yun																																																						
		Art Unit	2682																																																						
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 450.00		Attorney Docket No. 17463US02																																																							
METHOD OF PAYMENT (check all that apply)																																																									
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held &amp; Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17																																																									
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																									
<b>FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)</b>																																																									
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																																									
<table border="0" style="width:100%;"> <tr> <th rowspan="2">Application Type</th> <th colspan="2">FILING FEES</th> <th colspan="2">SEARCH FEES</th> <th colspan="2">EXAMINATION FEES</th> <th rowspan="2">Fees Paid(\$)</th> </tr> <tr> <th>Fee (\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> <th>Small Entity Fee(\$)</th> </tr> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td></td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td></td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td></td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td></td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td></td> </tr> </table>				Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)																																																		
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)																																																			
Utility	300	150	500	250	200	100																																																			
Design	200	100	100	50	130	65																																																			
Plant	200	100	300	150	160	80																																																			
Reissue	300	150	500	250	600	300																																																			
Provisional	200	100	0	0	0	0																																																			
<b>2. EXCESS CLAIM FEES</b>																																																									
<table border="0" style="width:100%;"> <tr> <th>Fee Description</th> <th>Small Entity Fee(\$)</th> <th>Fee(\$)</th> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td>50</td> <td>25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td>200</td> <td>100</td> </tr> <tr> <td>Multiple dependent claims</td> <td>360</td> <td>180</td> </tr> </table>				Fee Description	Small Entity Fee(\$)	Fee(\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																										
Fee Description	Small Entity Fee(\$)	Fee(\$)																																																							
Each claim over 20 (including Reissues)	50	25																																																							
Each independent claim over 3 (including Reissues)	200	100																																																							
Multiple dependent claims	360	180																																																							
<table border="0" style="width:100%;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee(\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> <th>Fee</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>_____ -20 or HP</td> <td>_____ x _____</td> <td>=</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20</td> </tr> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee(\$)</th> <th>Fee Paid (\$)</th> <td colspan="3"></td> </tr> <tr> <td>_____ -3 or HP</td> <td>_____ x _____</td> <td>=</td> <td>_____</td> <td colspan="3"></td> </tr> <tr> <td colspan="7">HP = highest number of independent claims paid for, if greater than 3</td> </tr> </table>				Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)	_____ -20 or HP	_____ x _____	=	_____	_____	_____	_____	HP = highest number of total claims paid for, if greater than 20							Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)				_____ -3 or HP	_____ x _____	=	_____				HP = highest number of independent claims paid for, if greater than 3																		
Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)																																																			
_____ -20 or HP	_____ x _____	=	_____	_____	_____	_____																																																			
HP = highest number of total claims paid for, if greater than 20																																																									
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)																																																						
_____ -3 or HP	_____ x _____	=	_____																																																						
HP = highest number of independent claims paid for, if greater than 3																																																									
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																									
<table border="0" style="width:100%;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee(\$)</th> <th>Fee Paid(\$)</th> </tr> <tr> <td>_____ -100</td> <td>_____ /50</td> <td>_____ (round up to a whole number)</td> <td>x _____ =</td> <td>_____</td> </tr> </table>				Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)	_____ -100	_____ /50	_____ (round up to a whole number)	x _____ =	_____																																												
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)																																																					
_____ -100	_____ /50	_____ (round up to a whole number)	x _____ =	_____																																																					
<b>4. OTHER FEE(S)</b>																																																									
<table border="0" style="width:100%;"> <tr> <th>Non-English Specification, \$130 fee (no small entity discount)</th> <th>Fee Paid(\$)</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <th>Other (e.g., late filing surcharge):</th> <th>Fee Paid(\$)</th> </tr> <tr> <td>Petition for Two-Month Extension of Time (\$450)</td> <td>450.00</td> </tr> </table>				Non-English Specification, \$130 fee (no small entity discount)	Fee Paid(\$)	_____	_____	Other (e.g., late filing surcharge):	Fee Paid(\$)	Petition for Two-Month Extension of Time (\$450)	450.00																																														
Non-English Specification, \$130 fee (no small entity discount)	Fee Paid(\$)																																																								
_____	_____																																																								
Other (e.g., late filing surcharge):	Fee Paid(\$)																																																								
Petition for Two-Month Extension of Time (\$450)	450.00																																																								
<b>SUBMITTED BY</b>																																																									
Signature	<u>Michael T. Cruz</u>	Registration No. (Attorney/Agent)	44,636	Telephone	(312) 775-8000																																																				
Name (print/type)	Michael T. Cruz	Date	June 30, 2006																																																						

JUN 30 2006

PTO/SB/21 (09-04)

Approved for use through 7/31/2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)		Application Number	09/788,061	
		Filing Date	February 16, 2001	
		First Named Inventor	Theodore Trost	
		Art Unit	2682	
		Examiner Name	Eugene Yun	
Total Number of Pages in This Submission		13	Attorney Docket Number	17463US02
<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment (8 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD		
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):		
Remarks		Fee Transmittal Form (1 Page) and Extension of Time Request (1 Page) are filed in Duplicate.		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>				
Firm	McAndrews Held & Malloy, Ltd.			
Signature	<i>Michael T. Cruz</i>			
Printed Name	Michael T. Cruz			
Date	June 30, 2006			
<b>CERTIFICATE OF FAX TRANSMITTAL</b>				
I hereby certify that this correspondence is being sent via facsimile transmission to Examiner Eugene Yun at the United States Patent and Trademark Office at (571) 273-8300 on June 30, 2006.				
Name (Print/typc)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	
Signature	<i>Michael T. Cruz</i>	Date	June 30, 2006	

